

Dear Entrepreneur:

Thank you for your interest in the Mayor's Reimbursement Business Investment Grant.

Enclosed is an application for the \$2,500 Mayor's Reimbursement Business Investment Grant program. In addition to the completed application, we need the following documentation:

- _____ Current Augusta-Richmond County business license
- _____ Receipts with supporting documents.(cancelled checks, Money orders, or certified checks).
- _____ Proof of business location (copy of lease or deed)
- _____ Copy of business owners resume
- _____ Names of individuals hired and a copy of their application with salary information.
- _____ Documentation from business training course

When you have submitted the items listed above, we will determine your eligibility. If eligible, you will be notified as to when you may receive the grant. Submit the application and all required documents to:

Housing And Neighborhood Development
1 10th Street Suite 430
Augusta, Ga. 30909

We are pleased that you are interested in the Laney Walker area for your business location and we wish you much success.

Sincerely,

Monique J. Bowen
Business Development Specialist

MAYOR'S BUSINESS INVESTMENT GRANT

APPLICATION

Date Submitted: _____, 20__

SECTION I

Name of Business Owner(s)/Operator(s) _____

Business Address _____

City _____ State _____ Zip Code _____ Phone # _____

Contact Person(s) _____ Phone# _____
_____ Phone# _____

SECTION II

NAME OF BUSINESS _____

Date Business Opened _____

City of Augusta Business License Number: _____ Date Issued _____

Describe type of business and the products and/or services provided.

How will these products and/or services be delivered to the customer?
(i.e. retail from the business address, door-to-door delivery, mail, wholesale, etc.)

SECTION III

The Owner(s) certifies he/she has completed or will complete the small business development training program:

Name of Training Program (Subject)

Name of Training Agency

Location of Training Program

Start Date

Ending Date

Total Hours

Contact Name

Phone Number

Address

City

State

CERTIFICATION

The undersigned hereby certifies that all information contained in the above application is true and complete to the best knowledge and belief of the applicant(s) and is submitted for the purpose of inducing Augusta-Richmond County to consider his/her/their financial request. This applicant(s) also certifies that by providing false information may disqualify him/her/them from participation in this program.

Signature Date Applicant

Signature Date Applicant

